



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: SAFE PATIENT HANDLING AND MOBILITY

Policy No.: B873

Supersedes: May 29, 2018

Revised: September 26, 2022

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PURPOSE:

Rancho Los Amigos National Rehabilitation Center's Safe Patient Handling (SPH) Policy is part of the facility's Musculoskeletal Injury Prevention Program (MIPP). This policy delineates procedures and responsibilities for implementation and maintenance of a multi-faceted SPH Program that integrates evidence-based practice and technology to promote safe practices and minimize injuries caused by patient handling and movement. The SPH Program includes replacing manual lifting/transferring of patients with equipment/devices as appropriate and practices consistent with the facility's safety policies and the Coordinator of Care's professional judgment and assessment.

DEFINITIONS:

Emergency	Unanticipated circumstances requiring immediate action that can be life-threatening or cause significant injuries.
Equipment	Powered or non-powered device that effectively reduces the forces exerted by or on workers while they perform patient handling activities, including all accessories necessary for the operation of the device.
Manual Lifting or Patient Handling	Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment or aids.
Musculoskeletal injury	Acute injury or cumulative trauma of the muscles, tendons, ligaments, bursa, peripheral nerves, joints, bone, or blood vessels.
Patient handling	Lifting, transferring, repositioning or mobilizing part or all of a patient's body.
Repositioning	Changing a patient's position in bed, gurney, chair, or other surface.
Work Force Member	RLANRC worker – employee or contract worker

POLICY:

Rancho Los Amigos National Rehabilitation Center (RLANRC) wants to maintain a safe environment for patients and work force members. To accomplish this, RLANRC has set up an infrastructure to support the SPH Program including policy, equipment, training, problem assessment, analysis, and follow-up. It is the expectation of the work force member to comply with the policy and established SPH program guidelines. Each situation is a unique opportunity to integrate patient perspective, functional status, rehab goals, staff safety, equipment resources, and other pertinent considerations. Collaboration occurs between health care work force members, patients, and caregivers to assess the situation and integrate patient perspective, professional judgment, and common sense.

EFFECTIVE DATE: February 2012

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Oversight for the SPH program shall be the responsibility of the Safe Patient Handling Committee. Executive leadership provides resources and establishes policies, procedures and programs to support a safe and just culture and the SPH program.

PROCEDURES

- A. The MIPP designates the Coordinator of Care as a registered nurse (RN) who oversees patient handling activities.
1. Coordinator of Care responsibilities include, but not limited to:
 - a. Observe and direct the patient handling and mobilization
 - b. Participate in patient handling, as needed
 - c. Communicate the assessment of patient handling practices to the patient, family, representative or caregiver
 - d. Determine which equipment will be used and how many workers are needed
 2. If the designated RN is not present for the patient handling activity, another qualified health care worker (e.g., therapy or nursing) shall take the lead in directing the process.
- B. Compliance:
1. The work force member must take reasonable care of health and safety for themselves, co-workers, and patients during patient handling activities.
 2. The equipment must be used in accordance with established manufacturer's guidelines and patient criteria. Work force members shall follow the facility's standards of practice to clean and address equipment that is non-functional or unsafe.
 3. Each situation must be assessed prior to handling, moving, or lifting the patient. The Coordinator of Care or designated worker shall determine the equipment and workers needed to facilitate safe patient handling.
 4. Work force members must notify supervisor of concerns and need for additional training, support, or resources.
 5. Upon completion of training, work force members are expected to comply with policies, procedures, and guidelines.
 6. The work force member has the right to refuse to lift, reposition, or transfer a patient due to concerns about patient, worker safety, or lack of equipment or trained workers.
 7. Work force members shall comply with the facility's standards of practice to document in the medical record.
 8. Area manager/supervisor provide support to ensure that the work force member is trained to follow the policies and that progressive actions are taken if there is a compliance issue.

C. Training:

1. Work force members with duties that include being present in patient care areas, but not involved with direct patient care, will receive awareness training about SPH and how to obtain support when needed. Awareness training will take place at New Employee Orientation.
2. Work force members involved with direct patient care will participate in training during the orientation period and at least annually thereafter.
3. Training is provided when new equipment or practices are introduced.
4. Training components for direct patient care employees include:
 - a. Musculoskeletal Injury Prevention Program (MIPP) overview
 - b. Role of the Coordinator of Care (RN):
 - i. To observe and direct patient handling activities, including determine necessary resources
 - ii. To assess, supervise, implement, and evaluate nursing care and education provided to the patient.
 - iii. To communicate to patients and caregivers.
 - iv. This role may be delegated to other qualified individuals.
 - c. Appropriate use of equipment to reduce injuries to patients and employees
 - d. Introduction to SPH equipment
 - e. Use of powered and non-powered equipment to handle patients safely, including demonstration and practice
 - f. Process to communicate with patients/caregivers regarding mobility assessment, use of SPH procedures and equipment
 - g. Procedures to be followed in order to perform manual patient handling, when necessary in emergencies
 - h. Process to assess-and control risk factors in patient handling situations
 - i. Process to report concerns regarding equipment availability, condition, storage, and maintenance
 - j. Worker may refuse to lift, reposition, or transfer a patient due to concerns about safety, lack of equipment, or trained workers. Worker shall communicate concerns to a supervisor.
 - k. Resources available on the intranet: SPH Policy and Procedure and reference documents/videos
5. Documentation of training will be stored in the employee's training file or other location as designated by the department.

D. Patient Handling Equipment:

1. Equipment reference documents are available on the intranet.

2. Patient handling equipment is available in various locations throughout the facility. Work force members shall notify supervisor of need for additional equipment, training or support.
3. In accordance with approved policies and procedures, equipment is
 - a. Used in conjunction with the facility's standard infection control practices.
 - b. Cleaned according to the facility's standard practices for patient care equipment and linen.
 - c. Maintained by the Bio-Medical Department or via a contract agreement with an approved vendor.
 - i. If equipment is not functional or needs maintenance - follow standard procedures to notify area supervisor and take equipment out-of-service.
4. Rehab and Therapeutic Areas of Focus
 - a. In the course of the rehab program, team members working on rehab or related therapeutic goals may use different techniques and equipment consistent with SPH principles and guidelines.
5. Communication regarding the patient's needs for a device is accomplished through standard processes, including documentation and verbal report.

SAFE PATIENT HANDLING ELEMENTS

1. Medical documentation shall include assessment, equipment, and pertinent updated information relevant to safe patient handling and mobility.
2. Use common sense and incorporate SPH principles to avoid potentially hazardous situations.
3. Request assistance as needed.
4. Use equipment and other approved aids/devices in accordance with instructions, training, and manufacturer's guidelines. (Refer to the Mobility Screening Tool as needed.)
5. Use equipment or other approved devices for high-risk patient handling/mobility tasks, except when absolutely necessary as in a medical emergency.
6. Manual lifting of over 35 pounds during patient-related tasks does not comply with the SPH policy in all but exceptional medical emergencies or life threatening situations. In emergency or unexpected circumstances, workers shall use their best judgment to address the situation and ensure a safe environment for patients/workers.
 - a. If some degree of manual lifting is unavoidable, caregivers should seek assistance from other work force members and use patient handling aids when possible. If a full manual lift is required, sufficient staff should be gathered so that there is 1 person per 35 pounds of patient weight being lifted with instructions and timing given by the Coordinator of Care.

- b. National Institute for Occupational Safety and Health (NIOSH) recommends that no worker should lift anything heavier than 35 pounds without some type of assistive lift device. (NIOSH is the U.S. federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.)
7. To meet specialized needs in various areas, departments or patient care units may develop a SPH process specific to that area's function and patient population. Each area with specialized processes shall communicate relevant SPH information to those working in the area.
8. Direct-care work force members shall consider patient characteristics or circumstances that may influence patient handling decision-making:
 - a. Patient perspective
 - b. Height, weight, and body shape
 - c. Physical limitations and impairments, including spasms, contractures, etc.
 - d. Balance deficiencies
 - e. Functional ability
 - f. Cognitive ability
 - g. Level of cooperation
 - h. Level of pain
 - i. Any circumstance that may affect the patient's ability to be moved (e.g., wounds, presence of tubes, etc.)
9. Additional considerations to maximize safety, integration of goals, and optimal outcomes:
 - a. Patient goals and preferences
 - b. Caregiver goals and training
 - c. Feedback from patient/team discussions (e.g., Patient-centered Rounds)

References:

- California Hospital Association Webinar "Cal/OSHA's New Safe Patient Handling Regulation Webinar", August 5, 2014
- California Hospital Association Guide "The Cal/OSHA Safe Patient Handling Regulation" August 2014, 1st Edition
- Musculoskeletal Injury Prevention Program (MIPP), policy A421.1, November 8, 2017
- Nursing Personnel Performance Standards, policy A255, revised May, 2018

SPH Steering Committee 2018